

@PFDdesktop: ODMA/MHODM SR05:Manage,453479;1
AOC/SAB/bmw
February 12, 2004

PATENT APPLICATION
DOCKET NO : 3037 1004-001

NOTICE OF APPEAL FROM THE EXAMINER
TO THE BOARD OF PATENT APPEALS AND INTERFERENCES

COPY

Applicants: Stacey J. Bell and Judith Shabert

Serial No.: 09/815,566

Group: 1654

Filed: March 23, 2001

Examiner: Teller, R. R.

Confirmation No.: 6492

For: NUTRITIONAL SUPPLEMENT TO ALLEVIATE SYMPTOMS
ASSOCIATED WITH REDUCED LEVELS OF SEROTONIN

CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on.	
February 12, 2004	Beverly Weinberger
Date	Signature
Beverly Weinberger	
Typed or printed name of person signing certificate	

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Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision dated August 12, 2003 of the Examiner finally rejecting claims 14 and 19-41. The item(s) checked below are appropriate:

1. ☒ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated August 12, 2003 for three months from November 12, 2003 to February 12, 2004.
2. ☐ A month extension of time to respond to the Office Action Made Final dated was filed on with payment of a \$ fee.
☐ Applicant hereby petitions for an additional month extension of time to respond to the Office Action Made Final.
3. ☐ A Request for Oral Hearing before the Board of Patent Appeals and Interferences is being filed concurrently herewith.

09/815,566

-2-

4. Fees are submitted for the following:

<input checked="" type="checkbox"/>	Extension of Time for three month(s)	\$ 475
<input type="checkbox"/>	Additional Extension of Time:	
	Fee for Extension ([] mo.)	\$
	Less fee paid ([] mo.)	- \$
	Balance of fee due	\$ 0
<input checked="" type="checkbox"/>	Notice of Appeal	\$ 165
<input type="checkbox"/>	Other	\$
	TOTAL	\$ 640

5. The method of payment for the total fees is as follows:

- ☒ A check in the amount of \$640 is enclosed.
- ☐ Please charge Deposit Account No. 08-0380 in the amount of \$[].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

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Date: 2/12/04